

## Race Committee Survey (DRAFT)

Your Sailing Squadron is promoting the opportunity for you to become more involved with sailing. One way to do this is by periodically serving on a Race Committee.

Race Committee service is an excellent way to increase your racing & sailing knowledge, while providing a valued service to the club. This holds true even if you are already a designated crew or an active skipper.

The following questions will assist us in providing a short instructional Race Committee course – no more than 1 hour. The course will hopefully clarify what's needed & how to do the job. It will also assist in establishing a more vibrant Race Committee volunteer schedule.

Starting with the first question, we'll assume you want to participate. If you're not interested you won't return the questionnaire. **Mark your replies on the attached email and send back using email REPLY.**

1. Have you previously participated in a RC -- (y/n)
  - a. If YES, within the last 2 years --(y/n)
  - b. Are you active on a RC for a select fleet --- (y/n)
    - i. If YES, Circle choice: (flying scot/e-scow/PHRF/multi/ \_\_\_\_\_)
2. Would you have a preference to do RC with a friend/significant other --(y/n)
3. How frequently would you be willing to do RC –circle choice (weekly/monthly/quarterly/semi-annual)
4. Do you prefer a select seasonal period to do RC --- (y/n)
  - a. If YES, circle choice (winter/spring/summer/fall)
5. Do you have a preferred time to attend a 1 hr training session --- (y/n)
  - a. If YES, circle choice (5-8pm, 9am-12pm, 12-3pm, 3-5pm)
6. Do you have a preferred training class day --- (y/n)
  - a. If YES, circle choice (M/T/W/Th/Fri/Sat/Sun)
7. Do you have a relevant answer to a question we forgot to ask --- (y/n)
  - a. If YES, please write in here.  

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8. Are you male or female --- (M/F)
9. What is your age range. Circle choice: (15 or below/16-21/22-30/31-40/41-50/51-60/61-70/71-80/over 80)
10. Do you currently own a sailboat --- (Y/N)
  - a. If YES, is it stored at SSS ---(Y/N)
11. How frequently are you able to get out on the water. Circle choice: (weekly/bi-weekly/monthly, quarterly/ every 6 months/ greater)
12. If owner, have you raced it --- (Y/N)
  - a. If YES, what frequency. Circle choice: (weekly/bi-weekly/monthly/quarterly/semi-annual)
13. If NOT an owner, do you crew routinely – (Y/N)
14. Would you like to crew more frequently --- (Y/N)

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15. Have you crewed for races – (Y/N)
  - a. If NOT, would you like to crew for races -- (Y/N)

To preemptively address any privacy concerns regarding this survey, there is NO intention to link names with responses. This is stated in case it appears that that is or could be done.

We appreciate your participation.